



City of New Bedford
ZBA SPECIAL PERMIT APPLICATION

CASE # *4249*

1. SUBMITTAL CHECKLIST

The following documentation must be submitted, in duplicate (1 Original and 11 Copies):

Have you included...			Planning staff review finds...	
Yes	No		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	A <u>Completed and Signed Application</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	An <u>Existing Conditions Site Plan</u> , drawn to a scale not less than 1 inch: 40 feet, identifying positioning of existing structures must be provided. Your site plan must show footprint and dimensions of rear, front and side distances between structure(s) and boundary lines.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	A <u>Proposed Site Plan</u> showing all proposed alterations or additions with side, front and rear set property lines identified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Sub-Division Plans</u> if Applicable.	<i>n/a</i>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	A <u>Certified Abutter's List</u> prepared by planning staff and certified by the Assessor's Office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Plot Plan</u> as provided through Department of Inspectional Services or through the Assessor's Office (in person or online through parcel lookup).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Filing Fee</u> in check form made payable to the City of New Bedford.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Copy of <u>Building Permit Rejection Packet</u> (Containing Rejected Building Permit and all information submitted with Building Permit Application)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Owner's Verification</u> including owner's signature and parcel deed for all involved parcels.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Development Impact Statement (DIS)</u> , if required (per Chapter 9 section 5350 of the City of New Bedford Zoning Code)	<input type="checkbox"/>	<input type="checkbox"/>

Official Use Only:

Review of submittal compliance performed by *[Signature]* of the city's Division of Planning.
Staff review found the application packet to be complete incomplete on this date: _____

This is page 1 of your ZBA Application.

Please remove the instruction pages when submitting your completed application packet but keep this as your first page.

CITY CLERKS OFFICE
NEW BEDFORD, MA

2016 FEB 22 PM
CITY CLERK

2. SPECIAL PERMIT SPECIFICS

The undersigned petitions the New Bedford Zoning Board of Appeals [ZBA] to grant a SPECIAL PERMIT in the manner and for the reasons set forth here under the provisions of the city's zoning ordinance to the following described premises:

APPLICATION SUMMARY (PLEASE PRINT)

SUBJECT PROPERTY			
ASSESSOR'S MAP PLOT#	91	LOT(S)#	49
REGISTRY OF DEEDS BOOK #:	3330	PAGE #	210
PROPERTY ADDRESS: 306 MT Pleasant			
ZONING DISTRICT: RB			
OWNER INFORMATION			
NAME: James M. Doherty			
MAILING ADDRESS: 15 Harbor Rd. - NK, Mattapoisett, MA 02739			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT): Michael Frias			
APPLICANT'S RELATIONSHIP TO THE PROPERTY: Check one:	OWNER <input type="checkbox"/>	CONTRACT VENDEE <input type="checkbox"/>	OTHER Describe <input checked="" type="checkbox"/> leasee
MAILING ADDRESS (IF DIFFERENT): 131 Willis St NB MA 02740			
TELEPHONE #	508- 2645 -617-3643		
EMAIL ADDRESS:	MikeFrias95@yahoo.com		

By signing below, I/we acknowledge that all information presented herein is true to the best of my/our knowledge. I/we further understand that any false information intentionally provided or omitted is grounds for the revocation of the approval(s). I/we also give planning division staff and ZBA members the right to access the premises (both interior and exterior) at reasonable times and upon reasonable notice for the purpose of taking photographs and conducting other visual inspections.

Michael Frias Signature of Applicant/s 9/19/16 Date

If the applicant differs from the owner, this section must be completed/signed by the property owner/s:
I hereby authorize the applicant represented above and throughout this application to apply and to represent my/our interests on my/our behalf for the relief requested herein for the premises I/we own noted as "property address" above and presented throughout this application. Furthermore, by signing this application I/we acknowledge having read and understood this application and the accompanying instructions and information. If petition is granted, I/we understand the approvals are specific to the plans submitted, unless the Board states otherwise and that if granted, that the special permit must be recorded and acted upon within one year.

James M. Doherty Signature of Owner/s 8/27/2016 Date

APPLICATION SPECIFICS

DIMENSIONS OF LOT/S:	FRONTAGE 91,61	DEPTH 114,18	AREA in SQ FT 2,600 9,507		
EXISTING BUILDING/S	# OF BLDGS 1	EXISTING SIZE 30/58	TOTAL SQ. FT BY FLOOR	NUMBER OF FLOORS 1 +basement	TOTAL SQ. FT ENTIRE STRUCTURE 2,600
	# OF DWELLING UNITS 1		# OF BEDROOMS 4 offices		
PROPOSED BUILDING/S	# OF BLDGS Same	PROPOSED SIZE	TOTAL SQ. FT BY FLOOR	NUMBER OF FLOORS	TOTAL SQ. FT ENTIRE STRUCTURE
	# OF DWELLING UNITS		# OF BEDROOMS EXTENT OF PROPOSED ALTERATIONS		
EXISTING USE OF PREMISES:	Vacant				
PROPOSED USE OF PREMISES:	counseling practice				
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED SPECIAL PERMIT:	we are requesting a special permit as we will be opening a medical center were licensed mental health counselors will diagnos and treat a variety of clients				

If there's a commercial use existing and/or proposed, please complete the following:

	EXISTING	PROPOSED
NUMBER OF CUSTOMERS PER DAY	0	30-50
NUMBER OF EMPLOYEES	0	10
HOURS OF OPERATION	0	9am - 7pm
DAYS OF OPERATION	0	7 days per week
HOURS OF DELIVERIES	0	none
FREQUENCY OF DELIVERIES (Check frequency)	<input checked="" type="checkbox"/> DAILY <input type="checkbox"/> MONTHLY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> OTHER
	<input type="checkbox"/> DAILY <input type="checkbox"/> MONTHLY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> OTHER

If you are also requesting site plan review and special permit/s from the planning board, please specify here:

medical practice permits

3. PARCEL LEGAL DOCUMENTATION

Title Reference to Property _____

(Attach copy of Deed, Certificate of Title & most recent Recorded Plans showing affected lot or lots)

Is the applicant also the owner? Yes No

If no, please attach the following three items to your application and indicate they are attached:

- A notarized authorization letter on letterhead from the owner to tenant/buyer for application of this permit.

If the Applicant is Not the Owner, Provide:

- A copy of the Purchase & Sale Agreement or lease, where applicable.
- A copy of the deed or deeds of abutting parcels if said parcels have been held in common ownership with the subject property at any time since January 1, 1976.

4. REQUIRED FINDINGS FOR GRANTING A SPECIAL PERMIT

City of New Bedford Code of Ordinances Chapter 9 Section 5320 requires the ZBA to find the **benefit to the City and the neighborhood outweighs the adverse effects of the proposed use**, taking into account the characteristics of the site and of the proposal in relation to that site.

This determination includes consideration of each of the following:

<p>A</p> <p>Social, economic, or community needs which are served by the proposal</p>	<p>B</p> <p>Traffic flow and safety, including parking and loading</p>	<p>C</p> <p>Adequacy of utilities and other public services</p>
<p>D</p> <p>Neighborhood character and social structures</p>	<p>E</p> <p>Impacts on the natural environment</p>	<p>F</p> <p>Potential fiscal impact, including impact on City services, tax base, and employment</p>

The full text of New Bedford Code of Ordinances can be accessed from: www.newbedford-ma.gov

Because the ZBA must be able to articulate their findings on each of the items listed above in order to grant a special permit, you must make your case as to HOW your application affects each of the criteria for consideration. ***This is an extremely important question and it is recommended that you answer this VERY carefully.*** You may use an additional sheet if needed.

A Describe any social, economic, or community needs which are served by your proposal:

- We plan to be the only agency open 7 days a week for clients who are unable to come in weekdays.
- Two local agencies have a 3-6 month wait for an appointment. - Staff are well aware of community resources available to the clients and families.

B Describe how traffic flow and safety, including parking and loading, are addressed in your proposal:

- we have 9 parking spots available to clients and staff. We will not be opening until 9am to reduce traffic flow near Mt Pleasant school.

C

Describe the utilities and other public services necessary for your proposal, and explain how these are adequately available for your proposal:

The office is located on the Serta bus route which is convenient for the clients we serve.

D

Describe the neighborhood character and social structures surrounding your proposed location, and how your proposal will fit in this area:

We feel we will be a great asset to this community as we will provide counseling in a timely manner and assist clients to secure available resources. We will employ a therapist who is bilingual due to the diverse ethnic community.

E

Describe any impacts on the natural environments your proposal may have:

The office will not negatively impact the natural environment.

F

Describe any potential fiscal impact, including impact on City services, tax base, and employment your proposal may have:

The office will employ an office manager and one other office staff as well as 6-8 therapist.

*

Please review the section(s) of the zoning ordinance under which your Special Permit request is made, there may be additional criteria required for your request.

Describe how your proposal meets any additional criteria required under zoning ordinance:

Our Business will bring very little traffic to the neighborhood but I'm sure it wouldn't be an issue due to the fact that we have ~~adequate~~ parking spaces.

Narrative

New Bedford counseling group will provide mental health treatment for our community. Our goal is to enhance the neighborhood by offering support to the area surrounding our location and educate our clients regarding resources available to them. At our location 306 MT pleasant st we plan to have 4-8 therapist rotating shifts between 9am and 7pm seven days a week. So between the hours 9-2 there will be around 3 therapists and 3 clients hourly. Aswell as for 2pm -7pm.

Our location has 9 parking spaces which is more than enough for our staff and clients at all times. We are also located on the set bus route which allows people to have another type of transportation. We will also be utilizing the existing structure and will not be performing any structural renovations to the property. The interior of the building will be turned into a waiting room and four offices, as well as a reception desk in the waiting area.

This business does appear to fit into the structure of the neighborhood, there is a school across the street which would be good as a referral source. There are multiple types of business down the street like convenient stores and the U-Haul. I feel counseling practices would be a great a structure for any neighborhood for the fact that anyone can get help with their mental health.

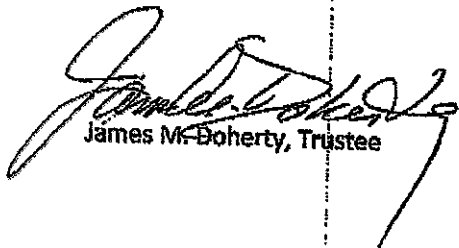
August 26, 2016

City of New Bedford

To whom it may concern:

I, James M. Doherty, Trustee of the Doherty Family Nominee Trust for 306 Mt Pleasant St New Bedford, MA will be leasing the property to Michael Frias dba NB Counseling Group to operate a counseling practice. This lease will be effective as of October 15th, 2016 with an earlier occupancy date

Regards,



James M. Doherty, Trustee

EX3330PG0219

MASSACHUSETTS QUITCLAIM DEED SHORT FORM (INDIVIDUAL USE)

16354

I, JAMES M. DOHERTY

of 15 Harbor Road, Mattapoisett, Plymouth County, Massachusetts,

being married, for consideration paid, and in full consideration of Love and Affection

grant to JAMES M. DOHERTY, of 15 Harbor Road, Mattapoisett, Massachusetts, Trustee of The Doherty Family Nominee Trust established by Declaration of Trust of dated July 12, 1994 and recorded herewith as Document No. 112553 with quitclaim encumbrances

the land in New Bedford, Bristol County, Massachusetts, together with the buildings thereon, bounded and described as follows:

(Description and encumbrances, if any)

BEGINNING at the Southwest corner of the land herein described at a point in the Easterly line of Mt. Pleasant Street, distant Northerly therein ninety-one and 61/100 (91.61) feet from its intersection with the Northerly line of contemplated Buchanan Street;

thence EASTERLY by land of parties unknown, ninety-seven and 09/100 (97.09) feet to a point for a corner;

thence NORTHERLY by land of parties unknown, ninety (90) feet to the Southerly line of contemplated Fillmore Street;

thence WESTERLY in the said Southerly line of Fillmore Street to an angle at land now or formerly of Charles T. Brownell, et al;

thence SOUTHWESTERLY in line of last-named land to the said Easterly line of Mt. Pleasant Street; and

thence SOUTHEASTERLY in the said Easterly line of Mt. Pleasant Street to the point of beginning.

BEING shown as Lots #40 and #41 on Plan of Property of Albert B. Kenyon, made by A.B. Drake dated May 11, 1910 and filed in Bristol County (S.D.) Registry of Deeds in Plan Book 7, Page 72.

EXCEPTING from the above, the land taken for the widening of Mt. Pleasant Street, as set forth in an instrument dated May 25, 1921 and recorded in said Registry of Deeds in P.L. Book 3, Page 377.

SUBJECT to the encumbrances of record.

FOR MY TITLE, see deed of Mary Jane Zimmer-Doherty dated June 19, 1981 and recorded in the Bristol County (S.D.) Registry of Deeds in Book 1830, Page 336.

Witness my hand and seal this 12th day of July, 1994

James M. Doherty

DEEDS REC-07 BRISTOL SOUTH 07/14/94

AMPT. 3.00 CHAS. 6.99 REC-128-00150 EXCISE TAX

The Commonwealth of Massachusetts

Bristol ss.

July 12, 1994

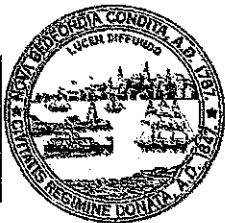
Then personally appeared the above named James M. Doherty

and acknowledged the foregoing instrument to be his free act and deed before me

Recd & Recorded July 14, 1994 at 9 hrs. & 53 min A.M.

Notary Public in and for the State of Massachusetts My commission expires 7/22/97

ATTEST James P. Henry REGISTER (Individual - Joint Tenants - Tenants in Common)



City of New Bedford
REQUEST for a CERTIFIED ABUTTERS LIST

This information is needed so that an official abutters list as required by MA General Law may be created and used in notifying abutters. You, as applicant, are responsible for picking up and paying for the certified abutters list from the assessor's office (city hall, room #109).

SUBJECT PROPERTY			
MAP #	91	LOT(S)#	49
ADDRESS:	306 MT Pleasant St		
OWNER INFORMATION			
NAME:			
MAILING ADDRESS:			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT):	Michael Frias		
MAILING ADDRESS (IF DIFFERENT):	131 Willis St		
TELEPHONE #	508-617-3643		
EMAIL ADDRESS:	mike.frias.us@yahoo.com		
REASON FOR THIS REQUEST: Check appropriate			
<input checked="" type="checkbox"/>	ZONING BOARD OF APPEALS APPLICATION		
<input type="checkbox"/>	PLANNING BOARD APPLICATION		
<input type="checkbox"/>	CONSERVATION COMMISSION APPLICATION		
<input type="checkbox"/>	LICENSING BOARD APPLICATION		
<input type="checkbox"/>	OTHER (Please explain):		

PLANNING DEPARTMENT
 AUG 26 2016
 9:02 98 90W
 NEW BEDFORD, MA
 CITY CLERK
 DEPARTMENT CLERKS OFFICE

Once obtained, the Certified List of Abutters must be attached to this Certification Letter.

This sheet is NOT part of your ZBA application but you will need to submit this form to the Planning Division Room 303 in City Hall, 133 William Street. You, as applicant, are responsible for picking up and paying for the certified abutters list from the assessor's office (city hall, room #109).

Official Use Only:

As Administrative Assistant to the City of New Bedford's Board of Assessors, I do hereby certify that the names and addresses as identified on the attached "abutters list" are duly recorded and appear on the most recent tax.

<u>Carlos Amado</u>	<u>Carlos Amado by [Signature]</u>	<u>8/26/16</u>
Printed Name	Signature	Date

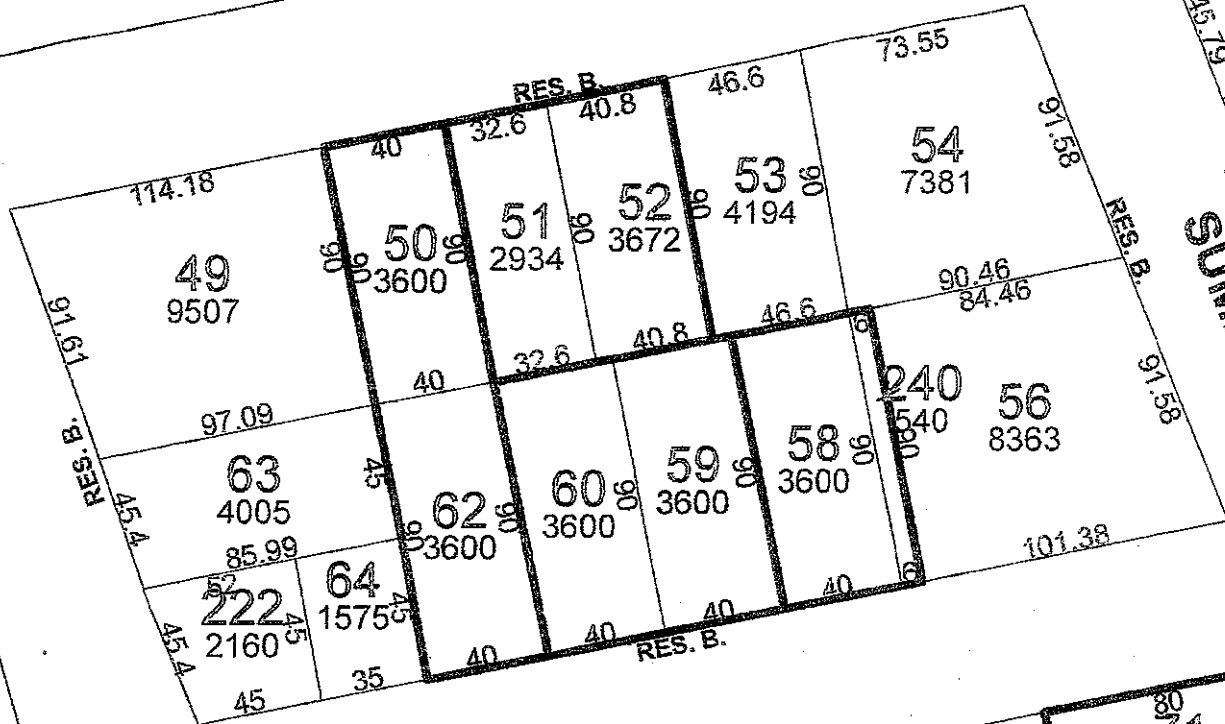
August 26, 2016
 Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 306 Mount Pleasant Street (91-49). The current ownership listed herein must be checked and verified by the City of New Bedford Assessor's Office. Following said verification, the list shall be considered a Certified List of Abutters.

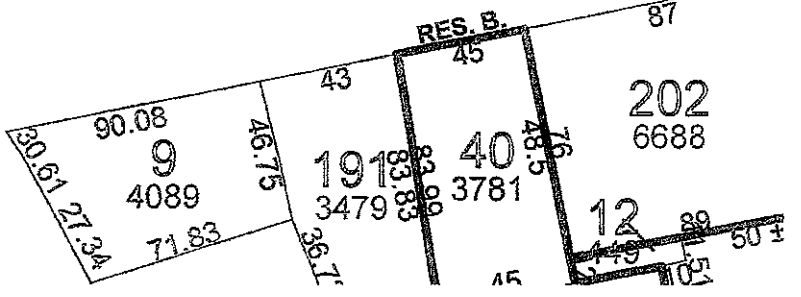
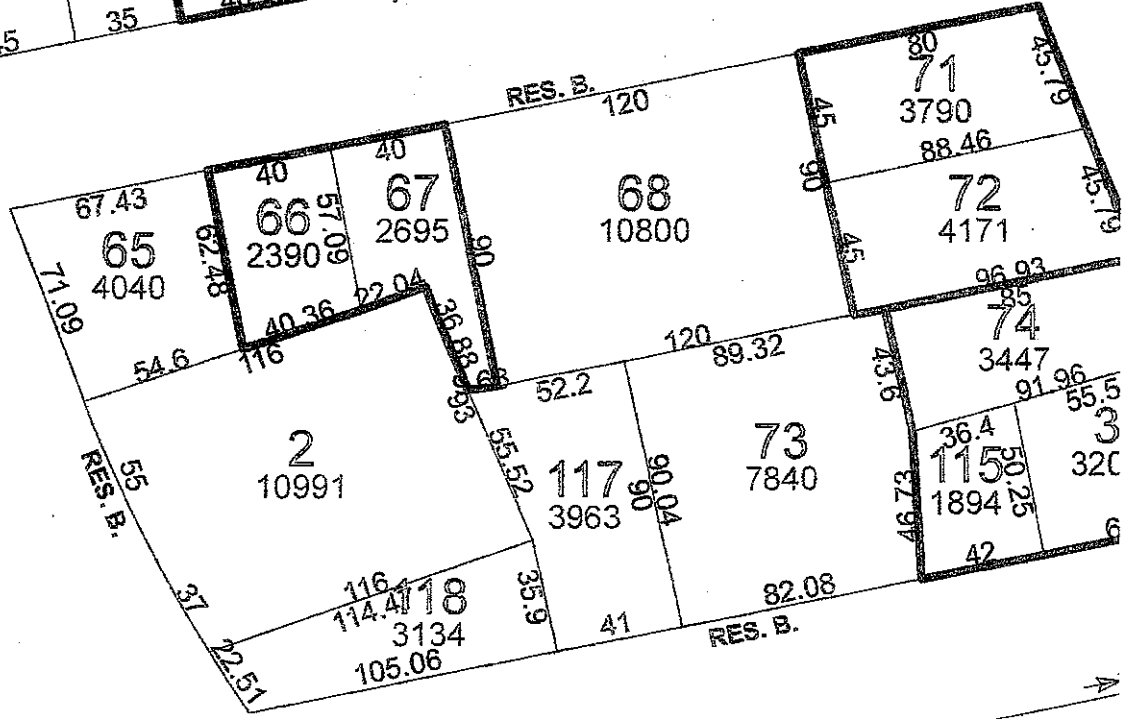
Please note that multiple listed properties with identical owner name and mailing address shall be considered duplicates, and shall require only 1 mailing. Additionally, City of New Bedford-Owned properties shall not require mailed notice.

Parcel	Location	Owner and Mailing Address
96-34 <i>WS</i>	MT PLEASANT ST	ROMAN CATHOLIC BISHOP OF, FALL RIVER SACRED HEART NEW BEDFORD, MA 02740
97-7	159 FILLMORE ST	N B HOUSING AUTHORITY TR, PRESIDENTIAL HEIGHTS 134 SO SECOND ST NEW BEDFORD, MA 02740
91-49	306 MT PLEASANT ST	DOHERTY JAMES M "TRS", DOHERTY FAMILY NOMINEE (THE) 15 HARBOR ROAD NK MATTAPOISETT, MA 02739
91-222	294 MT PLEASANT ST	RODERIQUES SHAWN J, 294 MT PLEASANT ST NEW BEDFORD, MA 02746
91-64	177 BUCHANAN ST	COUTURE JAYME D., 177 BUCHANAN STREET NEW BEDFORD, MA 02746
91-63	302 MT PLEASANT ST	DACOSTA BANVINDA M. <i>Suzette M. Medeiros (Trustee)</i> 302 MT PLEASANT ST NEW BEDFORD, MA 02746
96-10 <i>WS</i>	MT PLEASANT ST	ROMAN CATHOLIC BISHOP OF, FALL RIVER SACRED HEART NEW BEDFORD, MA 02740
91-51	166 FILLMORE ST	N B HOUSING AUTHORITY, 134 SO SECOND ST NEW BEDFORD, MA 02740
91-60	167 BUCHANAN ST	DACOSTA FERNANDO M, 167 BUCHANAN ST NEW BEDFORD, MA 02746
91-62	171 BUCHANAN ST-173	DACOSTA URGEL R, DACOSTA BANVINDA M. <i>Suzette M. Medeiros (Trustee)</i> 171 BUCHANAN ST <i>302 Mt. Pleasant St.</i> NEW BEDFORD, MA 02746

FILL



SUMMER ST
RES. B.
45.79
45.79
45.79



Plot Plan

MOUNT PL